

New 'Spotlight on Medicine Safety in Dorset' newsletter launches



BY PETER COPE

30TH NOVEMBER 2022

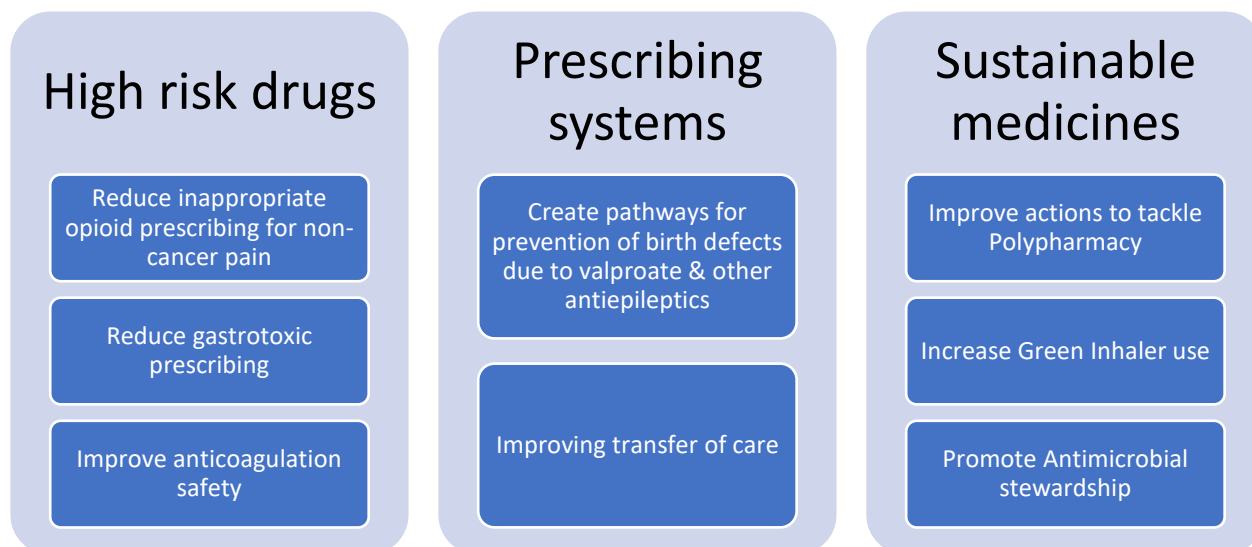
This blog marks the introduction of our first quarterly newsletter 'Spotlight on Medicines Safety.' The newsletter is aimed at keeping healthcare staff and healthcare organisations informed about the impact of current medicines safety hot topics in Dorset.

We decided to introduce the newsletter after reviewing incidents, investigation reports and listening to people we work with who explained they would like to receive more in-depth information. Along with this learning highlight positive impacts we are having on medicines safety in Dorset.

My name is Peter Cope, Head of Medicines Improvement, and I joined NHS Dorset in March this year. Previously, I was Lead Pharmacist at Dorset HealthCare working in primary and integrated care services as an advanced pharmacist practitioner. I took this role at NHS Dorset because medicines and patient safety has been a formative experience in my career having worked in Staffordshire during the events uncovered at Mid Staffs General Hospital by the Francis Report. That experience has shaped my own commitment to see quality improvements in our NHS.

As a system we work closely with patient representatives, safety, and medicines teams across our system in the Medicines Safety & Quality Group. We have co-authored a Medicines Safety and Quality Strategy with key objectives for medicines improvement and we collaborate to achieve our aims.

Our Aims



Focus: Pregnancy Prevention Programme & Antiepileptics

Since 2018 valproate has been contraindicated in women or girls unless enrolled in a [pregnancy prevention programme](#). [Guides for healthcare professionals](#) were published to outline the changes in licensing and responsibilities.

Latest figures suggest that if 100 women or girls take valproate medicines during their pregnancy about 10 of the babies will be born with physical birth abnormalities.

Table 1: Conclusions of epilepsy review (MHRA,2021) and Dorset statistics

	Risk of having a baby born with a physical birth abnormality	Numbers of people at risk in Dorset
General population	2 or 3 babies out of 100	
Carbamazepine	4 to 5 out of 100 babies	348
Phenobarbital	6 to 7 out of 100 babies	6
Phenytoin	About 6 out of 100 babies	25
Topiramate	4 to 5 of 100 babies	723
Valproate	About 10 out of 100 babies	240

[Further advice](#) regarding the use of other antiepileptic medication and the risks of harm to the unborn baby have been published. Current advice is not to stop taking epilepsy medicines but to seek urgent advice if people become pregnant and to encourage consultation with a GP, specialist, or epilepsy specialist nurse as soon as possible before planning pregnancy.

Specific advice regarding [pregabalin prescribing risks in pregnancy](#) was published this year updating the public and healthcare professionals of the risk (6 out of 100 babies born) of birth defects when taking pregabalin. The need to discuss treatment options and contraceptive advice prior to becoming pregnant was emphasised. 1286 women and girls are potentially at risk in Dorset.

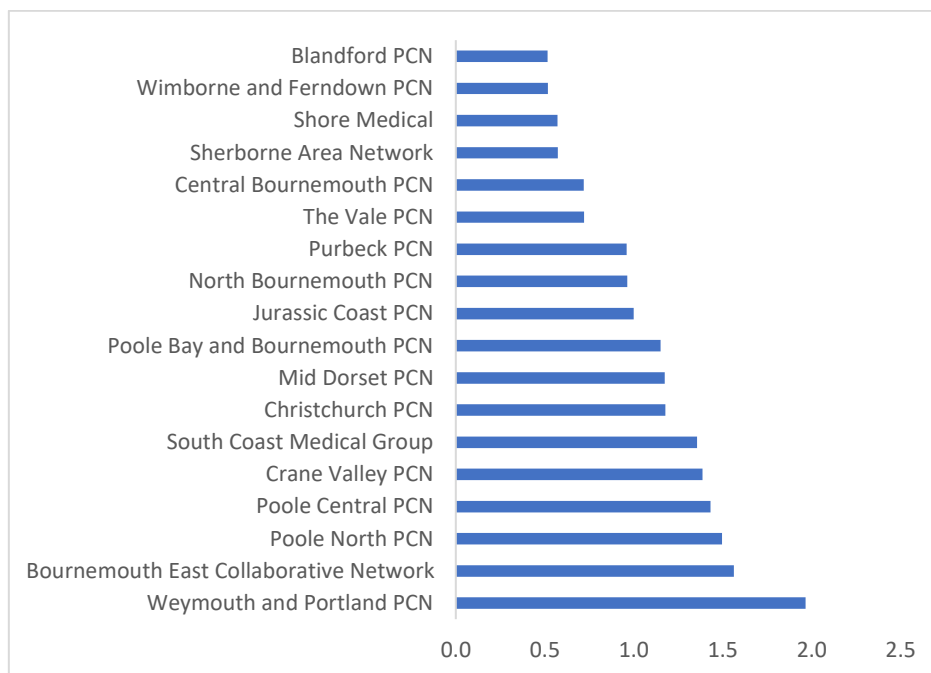
Actions in Dorset: Valproate

NHS Dorset recognises that women and girls affected by these risks require registration in the pregnancy prevention programme and an [annual risk assessment completed](#) with a specialist. This should be a shared decision-making consultation with the outcomes communicated to general practitioners.

Over the next six months we will be working hard to resolve with our providers access limitations to specialist review as required by the [Medicines and Healthcare products Regulatory Agency](#) and licensing conditions of valproate formulations.

Dorset HealthCare are now able to accept primary care referrals for all women of childbearing potential prescribed valproate due to mental health conditions who consent for specialist annual review. Referrals should be completed in the usual manner with a clear explanation that the referral is for valproate review and enrolment in pregnancy prevention programme. NHS Dorset continues to work with neurology service providers to identify additional capacity to enable consistent provision of annual risk assessments for all persons prescribed valproate with neurological conditions.

Figure 1: Variation in prescribing rates: Repeat prescriptions of valproate in women of childbearing potential per 1000 population



General practice has reviewed 90% of women prescribed valproate who need an annual medication review and conception advice in the last 12 months, supported by community pharmacy providing warning information with each supply of medication.

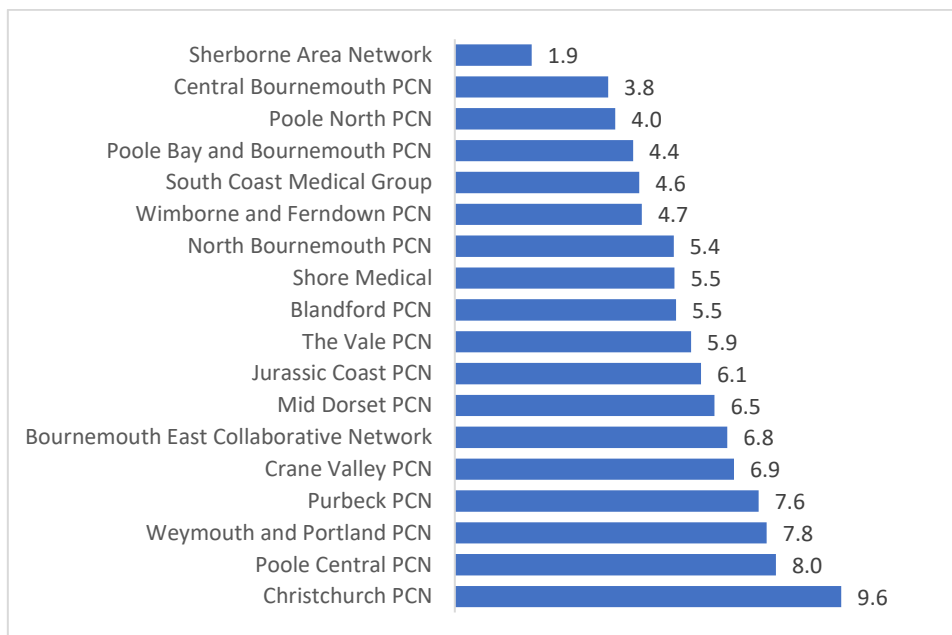
Community pharmacy will be repeating a national [valproate audit](#) before April 2023 where contractors will ensure women affected receive updated information, valproate cards and identify those who need clinical review where highly effective contraception needs considering.

I would [remind healthcare professionals](#) on their duties in relation to the change in licensing of valproate including ensuring people are recalled and given access to [information](#) and [guides](#) to inform them of the risks. Healthcare professionals need to ensure highly effective contraception is provided and the opportunity to discuss referral for specialist review.

Searches identifying people who will benefit from a discussion regarding specialist referral for enrolment in the pregnancy prevention programme are available in SystmOne. (Folder: Dorset SystmOne GPs> Medicines Optimisation >Women's Health)

Actions in Dorset: Pregabalin

Figure 2: Variation in prescribing rates: Repeat prescriptions of pregabalin in women of childbearing potential per 1000 population



NHS Dorset has programmed SystemOne protocols to provide prescribing alerts to all relevant records highlighting those people taking pregabalin who require counselling.

Individual searches to highlight patients most at risk are available to review in SystemOne (Folder: Dorset SystemOne GPs> Medicines Optimisation >Women's Health) to enable each practice to review conception advice as part of the Investment and Impact Fund incentive to review of medicines that are at increased risk of causing harm.

[Information for patients](#) during consultations are linked in templates within SystemOne when reviewing gabapentinoids.

Resources: Advice for use of medicines in pregnancy

The specialist pharmacy service provides updates [pregnancy advice information](#)

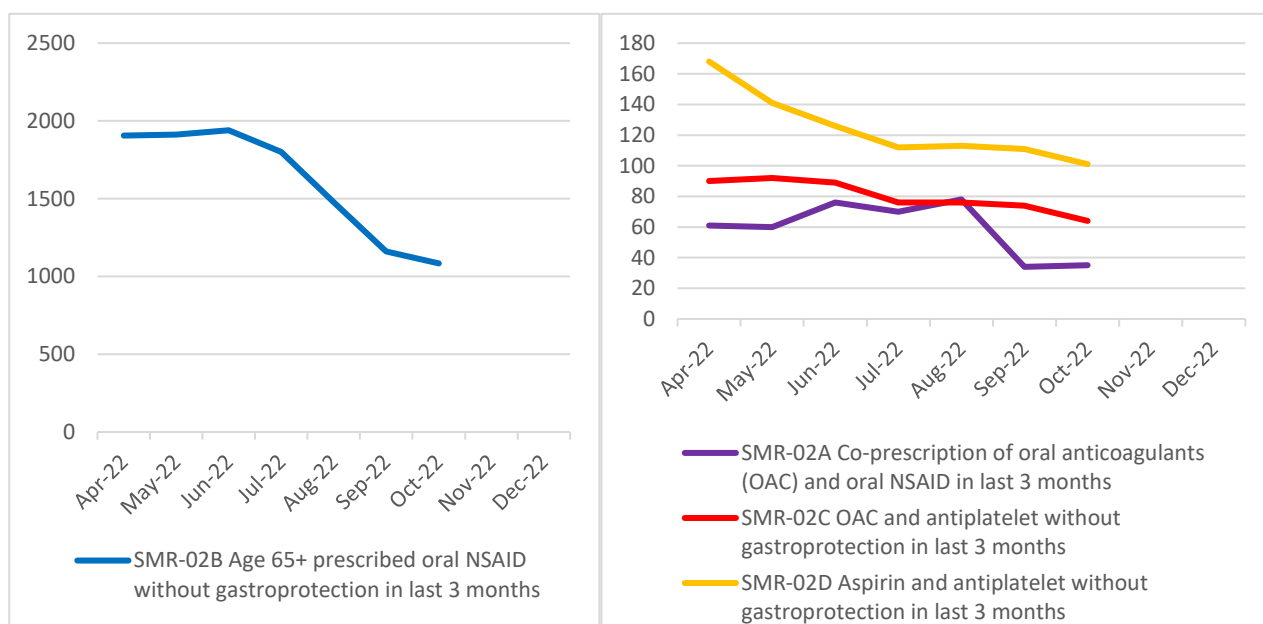
The UK Teratology Information service (ukTIS): [Best use of medicines in pregnancy](#)

Other useful resources include NHS Somerset: [Medicines in pregnancy, children & lactation](#)

Successes in Dorset

Finally, Dorset has been an outlier in prescribing of [non-steroidal anti-inflammatory drugs](#) and their associated risks. There remains significant work to do to reduce risks associated with their use in our population.

Figure 3&4: Investment and Impact Fund SMR-02 indicators of number of patients prescribed combinations of medicines that increase risk of harm through gastrotoxic prescribing safety (October 2022)



However, gastrotoxic combinations in at risk patients are declining thanks to structured medication reviews.

I encourage healthcare professionals be aware of gastrotoxic effects of medicines at each contact and specifically focus in general practice on SMR-02 and anticoagulation related indicators to help improve what has historically been an area for improvement.

So, please keep in touch with our [latest information](#). Your [feedback and suggestions](#) are very welcome.